

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  SUBJECT INFORMATION  REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT 16-OCT-2016		TIME 20:55:00		2. ADDRESS OF OCCURRENCE 1001 N CICERO AVE CHICAGO, IL 60651			3. LOCATION CODE 220		4. BEAT/OCCUR 1111		5. VIDEO RECORDED INCIDENT 01 BWC    02 IN-CAR CAMERA 03 OTHER REPT VIDEO		
	6 POSITION 9161	7. LAST NAME CERVANTES	8. FIRST NAME NICHOLAS A	9. STAR NO. 14881	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE S	12. AGE 510	13. HT. 162	14. WT.					
	15. DATE OF APPT. 29-OCT-2007	16. EMPLOYEE NO. 025	17. UNIT & BEAT OF ASSIGNMENT 4310C	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	21. LAST NAME SUTTLE	22 FIRST NAME SHERROD	23. M.I. BLK	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE BLK	26. D.O.B. 01-OCT-1989	27. HT. IR NO.	28. WT.						
	29. ADDRESS CHICAGO, IL	30. TELEPHONE NO.	31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	34. IF SUBJECT INJURED, DESCRIBE INJURY 01 Fatal 02 Non-Fatal - Major Injury 03 Non-Fatal - Minor Injury	<input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 04 Non-Apparent/None	35. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOSPITAL											
	36. BY WHOM?		37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	38. CHARGES PLACED		39. CB NO. 19385610	40. PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT:ASSAULT	ASSAILANT:BATTERY	ASSAILANT:DEADLY FORCE						
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>									
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER POINTED FIREARM AT ME <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input checked="" type="checkbox"/>	OTHER POINTED FIREARM AT ME <input type="checkbox"/>								
OTHER _____	OTHER _____	PERCEIVED AS THREAT OF BEING FIRED UPON	OTHER _____	PERCEIVED AS THREAT OF BEING FIRED UPON										
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>									
	VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>												
	ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>												
	WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>												
	ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>												
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>										
	CONTROL INSTRUMENT <input type="checkbox"/>	TASER (ARC Cycle) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input checked="" type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>										
	OC/CHEMICAL WEAPON/WAUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____									
	LRAD WITH AUTHORIZATION <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>												
	OTHER _____	OTHER _____												
41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member										
46. WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN			47. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	49. WEATHER CONDITIONS <b>CLEAR</b>									
46. WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN			50. MAKE/MANUFACTURER GLOCK, INC.-AU-	51. MODEL 17	52. BARREL LENGTH 4.48	53. CALIBER/GAUGE 9 MM								
54. TASER DART ID NO. SSW604		55. WEAPON SERIAL NO. (Include Letters) R025609S		56. CHICAGO GUN REG. NO. 27040904		57. IL FIREARM OWNER ID. NO.								
58. SPECIAL WEAPON CERTIFICATE NO.		59. PROPERTY INVENTORY NO. Department Issued		60. TYPE OF AMMUNITION USED Department Issued		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		63. TOTAL NO. OF SHOTS MEMBER FIRED 4						
64. WHO FIRED FIRST SHOT 01 MEMBER    02 OFFENDER		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		67. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		68. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO						
68. HOW WAS MEMBER'S HANDGUN DRAWN 01 STRONG SIDE DRAW    02 CROSS DRAW		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>NONE</b>		70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO										
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>NONE</b>						72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT								
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON 01 SUBJECT    03 ANIMAL    05 SUBJECT & OTHER CATEGORY    07 NONE 02 OTHER PERSON    04 OBJECT    06 UNKNOWN    08 ANY OTHER COMBINATION						74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								

LOG# 1052645  
8

1629014953  
H2477078  
7/8/2016

**1629014953****HZ477078**

CASE INFORMATION	<p>77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE            NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC            NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC            Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.</p>		
	78. ADDITIONAL INFORMATION <b>OFFENDER BRANDISHED A FIREARM &amp; POINTED SAME AT R/O, IGNORED COMMANDS TO DROP WEAPON WHICH R/O PERCIEVED AS A THREAT TO R/O'S LIFE AT WHICH TIME R/O FIRED UPON OFFENDER. R/O USED FIREARM AS IMPACT WEAPON TO DISARM OFFENDER.</b>		
SIGNATURES	STAR/EMPLOYEE NO. 14881	SIGNATURE	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.		
	STAR NO. 1411	SIGNATURE	DATE REVIEWED      TIME 17-OCT-2016 06:06:04

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (D) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS

**81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**
 DNA

 REFUSED

 INTERVIEW NOT CONDUCTED (Specify Reason)

Hospitalized/Intubated

**82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS**

Based on information available at the time of this report and a review of available video, the officers use of force was within Department guidelines.

**83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY**
 I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN GOS-02-05.

**84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION**
 INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

 LOG NO. 1082645 OBTAINED

**85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)**
**ANGARONE, KENNETH**
**86. TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)**
**87. DISTRIBUTION OF TRR:**

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:
  - A INDEPENDENT POLICE REVIEW AUTHORITY, AND
  - B COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

**SIGNATURE**
**DATE COMPLETED**
**TIME**
**17-OCT-2016 06:20:39**